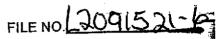
MAY 11 2016



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ARTICLES OF ORGANIZATION

| | Read the Instructions <u>L010i</u> | | | | | | | |
|-------|--|--|----------------------|---|-------------|---|-----------|-----------------------|
| 1. | ENTITY TYPE - check | NTITY TYPE - check only one to indicate the type of entity being formed: | | | | | | |
| | LIMITED LIABILITY C (entity name must conta the words "Limited Liab Company" or "LLC") | ain | ′ | (entity na | ame must co | MITED LIAB intain the wor Liability Com | rds | DMPANY |
| 2. | ENTITY NAME - see In | NTITY NAME - see Instructions L010i for full naming requirements - give the exact name of the LLC: | | | | | | |
| | ORENDA HOLDINGS LLC | | | | | | | |
| 3. | PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES — if and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical): | | | | | | | |
| | | | | | | | | |
| 4. | STATUTORY AGENT fo | | | | | | | |
| | 4.1 REQUIRED – give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: | | | 4.2 OPTIONAL – mailing address in Arlzona of Statutory Agent (can be a P.O. Box): | | | | |
| Uni | ited States Corporation Agen | ts, Inc. | | | | | | |
| Statu | tory Agent Name | | <u>-</u> | | | | | |
| Atter | tion (optional) | | | Attention (option | al) | | | |
| | 170 N. Pacesetter Way | | | | | | | |
| Addr | ess 1 | | | Address 1 | • | | | |
| | ess 2 (optional) | AZ | | Address 2 (option | nal) | | AZ | |
| City | Scottsdale | State | _{Zip} 85255 | City | <u></u> | | State | Zip |
| ÷ | 4.3 REQUIRED— the Statutor | y Agent | Acceptance form M | 002 must be s | ubmitted a | long with th | nese Arti | cles of Organization. |
| _ | ADTZONA IZNOWALDI | ACEO | E BUCTNECC A | DDBECC. | | | | |
| 5. | ARIZONA KNOWN PL | | | | | | | .d., |
| | 5.1 Is the Arizona known place of business address the same as the street address of the statutory agent? | | | | | | | |
| | ✓ No – go to number 5.2 and continue | | | | | | | |
| | 5.2 If you answered "No" to number 5.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona: | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | |
| | Attention (optional) 11861 E Bellavista Drive | | | | | | | |
| | Address 1 | | | | | | | |
| | Address 2 (optional) | | | I | | | | |
| | Scottsdale | | | | Arizona | 85259 | | |
| | City Country | | State or Province | Zip | | | | |

| 6. | section | TON – if the duration or life period of the LLC is perpetua and continue to number 7 or number 8. Otherwise, check responding blank: | |
|----|------------------------------|---|--|
| | | The LLC's life period will end on this date: | (enter a date) |
| | | The LLC's life period will end upon the occurrence of this event: (descrit | pe an event) |
| | | · · · · · · · · · · · · · · · · · · · | |
| C | OMPLE | TE NUMBER 7 OR NUMBER 8 – NOT BOTH. | |
| 7. | LLC wi compa memb | GER-MANAGED LLC – <u>see Instructions L010i</u> – check this if be vested in a manager or managers (meaning one or many) and complete and attach ONLY the <u>Manager Structure</u> ers and managers will be listed on the Manager Structure And if it is submitted without the attachment. | ore managers will run the Attachment form LQ40. (Both |
| 8. | LLC wi there i Structi | ER-MANAGED LLC – <u>see Instructions L010i</u> – check this be reserved to the members (meaning all members will resonant operating agreement stating otherwise), and complete the Attachment form L041. (All members will be listed on the ment.) The filing will be rejected if it is submitted without the second of the submitted without the second operations. | run the company together if e and attach ONLY the Member he Member Structure |
| 9. | is the (individ | NIZERS and SIGNATURE - the individual or pre-existing Organizer - list the name of the Organizer below. If the Organizer below. If the Organizer is a pre-existing entitual acting for that entity, then print the individual's name. | ganizer is an individual, that |
| | | The person signing below declares and certifies under penal that the information contained within this document togethe attachments is true and correct, and is submitted in compliant Arizona law. | er with any |
| | | LegalZoom.com, Inc., A Delaware Corporation | |
| Uľ | ganizer: | 001 | nsliplik |
| | nature | <u> </u> | Date |
| | | Macalay Aggistant Socratary | |
| | | Moseley, Assistant Secretary (if different from Organizer) | |
| | | - <i>,</i> | |

Arizona Corporation Commission Mail: Filing Fee: \$50.00 (regular processing) Corporate Filings Section Expedited processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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MEMBER STRUCTURE ATTACHMENT

| 1. | • ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country): ORENDA HOLDINGS LLC | | | | | | | |
|---|---|----------------------|----------|-----------------|------------|----------------------|-----|--|
| 2. | A.C.C. FILE NUMBER (if known): | | | | | | | |
| 3. | Check one box only to Indicate what document the Attachment goes with: Articles of Organization Articles of Amendment | | | | | | | |
| 4. | Application for Registration Articles of Amendment to Application for Registration MEMBERS – give the name and address of all Members. If more space is needed, use another Member Structure Attachment form. | | | | | | | |
| ROI | 3 MONTIERO | | | | | | | |
| Name 1181 | 61 E Bellavista Drive | | | Name | | | | |
| Addre | | <u> </u> | | Address 1 | | | | |
| Address 2 (optional) Scottsdale Arizona 85259 | | | | Address 2 (| optional) | | | |
| City | iry | State or Province | Zip | City | | State or Province | Zip | |
| | | | | | | | | |
| Name | | | | Name | | | | |
| Addre | 3S\$ 1 | | | Address 1 | | | | |
| Addre | ess 2 (optional) | | | Address 2 (| (optional) | | | |
| City | try | State or Province | Zip | City Country | | State or Province | Zip | |
| | | | <u> </u> | | | | | |
| Name | | | | Name | | | | |
| Address 1 | | | | Address 1 | | | | |
| Addre | ess 2 (optional) | | | Address 2 | (optional) | | | |
| City | | State or Province | Zip | City | | State or Province | Zip | |

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

| 1. | s appointed the pinting the | | | | | | | | |
|---|--|-----------|---|------------------------------------|--|--|--|--|--|
| 2. | STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix: United States Corporation Agents, Inc. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3. | STATUTORY AGENT SIGNATURE: | | | | | | | | |
| | By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first. | | | | | | | | |
| | The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law. | | | | | | | | |
| • | | | ne Moseley, Asst. Secretary | 05/10/16 | | | | | |
| Sig | nature Pr | Inted Nan | ne | Daţe (| | | | | |
| RE | QUIRED - check only one: | | | | | | | | |
| Individual as statutory agent: I am signing on behalf of myself as the individua (natural person) named as statutory agent. | | | | | | | | | |
| <u></u> | | | | | | | | | |
| Fil Ex | ing Fee: none (regular processing) pedited processing – not applicable. | Mail: | Arizona Corporation Commission - Corp 1300 W. Washington St., Phoenix, Arizo | orate Filings Section ona 85007 | | | | | |

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Fax:

602-542-4100

Expedited processing - not applicable. All fees are nonrefundable - see Instructions.